

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Prem S. PAUL et al

SERIAL NO: NEW U.S. APPLICATION

FILED: HEREWITH

FOR: POLYNUCLEIC ACIDS ISOLATED FROM A PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME VIRUS (PRRSV), PROTEINS ENCODED BY THE POLYNUCLEIC ACIDS, VACCINES BASED ON THE PROTEINS AND/OR POLYNUCLEIC ACIDS, A METHOD OF PROTECTING A PIG FROM A PRRSV AND A METHOD OF DETECTING A PRRSV

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Hpy
2-21-08
U.S. PTO
09/810501
03/19/01

INFORMATION DISCLOSURE/RELATED CASE STATEMENT UNDER 37 CFR 1.97

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

Applicant(s) wish to disclose the following information.

REFERENCES

- ☒ The applicant(s) wish to make of record the references listed on the attached form PTO-1449 were submitted in Parent Application Serial No.: 08/301,435 filed September 1, 1994.
- ☐ A check is attached in the amount required under 37 CFR §1.17(p).

RELATED CASES

- ☐ Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present application. A copy of the patent(s), together with a copy of the claims and drawings of the pending application(s) is attached along with PTO 1449.
- ☐ A check is attached in the amount required under 37 CFR §1.17(p).

CERTIFICATION

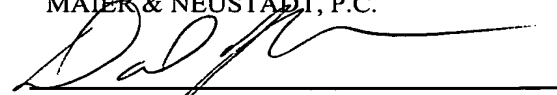
- ☐ Each item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- ☐ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

- ☒ Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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